MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10|571,610 APPLICANT(S)

FILING DATE 3-10-06

(FOR USE WITH FORM PTO-875)

SERIAL NO.

	AS.

	AS	AS FILED		AFTER 1" AMENDMENT		AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1						•		
3	 		 	 /	<u></u>			
4		 	[/				
5		 	 	 	 			
6		 	 	 				
7				† /				
8				11-				
9				1				
10	 	ļ		/				
11 12	 	<u> </u>		 		·		
13	 	 		/				
14	 	1	/					
15			/					
16								
17								
18	 							
19 20	 	 						
21	 	· · · · · · ·						
22	1		- 					
23								
24				·				
25	 							
26 27	 							
28	 							
29	 		_					
30								
31								
32				1 -				
33 34								
35	 							
36				1-				
37				; 				
38				1-				
39				1 -				
40				1 -				
41				1-				
43				+>1				
44				1=1				
45				12				
46				7-1				
47								
48			1					
49 50								
TOTAL								
IND.		₩	3	♣		₩		
TOTAL DEP.		+ [16	4	——— ·	(=		
TOTAL CLAIMS			19					
	PTO - 1360 (REV. 11/04)							

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
<u>.</u>	IND.	DEP.	IND.	DEP.	IND	
51						
52 53					 -	-
54				 		- -
55						- -
56					 	+
57						
58						
59 60						
61						-
62						
63						
64						T
65						
66						
67 68						ļ
69						 -
70						
71						
72						
73						
74 75						ļ
76						<u> </u>
77						
78						
79						
80 81						
82						
83						<u> </u>
84						
85						
86						
87 88						
89						
90			 -			
91				i		
92						
93						
94						
95 96						
97						
98						
99						
100						
TOTAL IND.		♣ T		1		1
TOTAL DEP.			J			4
TOTAL CLAIMS			2			
		. DEPARTM				